# Opioid Policy

## Legislative references

i. Drug and Pharmacies Regulation Act R.S.O. 1990, c. H.4
ii. Narcotics Safety and Awareness Act, 2010, SO 2010, c. 22
iii. Controlled Drugs and Substances Act, S.C., 1996, c. 19
iv. Safeguarding our Communities Act, 2015, SO 2015, c. 33

## Additional references

- NAPRA Model Standards of Practice for Canadian Pharmacists

# Introduction

Opioids can be effective medications for pain management. However, opioid use and misuse is on the rise in Ontario, resulting in a serious opioid crisis with growing numbers of opioid misuse and death. In the province of Ontario from January to October 2017, there were over 1000 opioid-related deaths, a significant rise from 2016[1].

Many strategies have been initiated in Ontario to help address the opioid crisis. Health Quality Ontario (HQO) has established Quality Standards addressing opioid prescribing and opioid use disorder to provide guidance for prescribing practices. The Ontario College of Pharmacists (the College) instituted an Opioid Strategy to address opioid related issues relevant to pharmacy practice in alignment with the College's mandate to serve and protect the public. The College's Opioid Strategy focuses on advancing opioid related education, harm reduction initiatives, strategies to prevent opioid use disorder, and promoting quality assurance specific to opioid security and dispensing.

# Purpose and Scope

This policy outlines the College's expectations for pharmacy professionals regarding opioids. The purpose of this policy is to promote safe and appropriate opioid use through education and training, sharing of evidence-based best practice and outlining expectations. This policy provides further direction to pharmacists regarding the NAPRA Model Standards of Practice and is applicable to any opioid therapy regardless of the indication or practice setting. This policy is not intended to be clinical in nature, or duplicate information contained in other guidelines, policies, or resource documents.

[1] MOHLTC. Newsroom: https://news.ontario.ca/mohltc/en/2018/3/ontario-moving-quickly-to-expand-life-saving-overdose-prevention-programs.html. Accessed July 6, 2018.

## Definitions

**Controlled Substance**: Any drug or substance found in the Schedules to the Controlled Drugs and Substances Act. This includes narcotics, amphetamines, methylphenidate, cannabis and cannabinoids, barbiturates, benzodiazepines, anabolic steroids, and other such drugs, as well as precursor chemicals[2].

**Diversion:** Any non-intended or non-medical use of a prescribed opioid (including prescribed opioid agonist medication), or use by any individual other than the individual for whom it was prescribed[2].

**Harm Reduction:** Policies and programs that aim to minimize immediate health, social, and economic harms associated with the use of psychoactive substances, without necessarily requiring a decrease in substance use or a goal of abstinence[3].

**Opioid**: Substance commonly prescribed for pain management that binds and activates opioid receptors in the brain, suppressing the ability to feel pain[2].

**Opioid Agonist**: Substance that binds to and activates mu (μ) opioid receptors, providing relief from withdrawal symptoms and cravings in people with opioid use disorder, and pain relief if used for chronic pain management[2].

**Opioid Use Disorder:** A problematic pattern of opioid use leading to clinically significant impairment or distress that meets the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders) Diagnostic Criteria for Opioid Use Disorder[2].

## Principles

The Opioid Policy was developed to support the College's mandate to serve and protect the public interest and is grounded on the following principles:

- Pharmacy professionals should employ the same respectful, patient-centred, professional approaches and attitudes towards opioid dependent patients as they would toward any other patient

- Pharmacy practice should be in alignment with the federal and provincial strategies and HQO Quality Standards with regards to opioids

- Pharmacists should abide by the most recent clinical practice guidelines and the appropriate standards of practice to ensure best patient outcomes for individuals on opioid therapy

[2] Controlled Drugs and Substances Act. S.C. 1996, c. 19 (Current to April 24, 2018). Available from: http://laws-lois.justice.gc.ca/PDF/C-38.8.pdf. Accessed July 6, 2018.

[3] CRISM National Guideline for the Clinical Management of Opioid Use Disorder. Available from: https://crism.ca/wp-content/uploads/2018/03/CRISM_NationalGuideline_OUD-ENG.pdf. Accessed July 6, 2018.

- Pharmacists play an important role in ensuring appropriate access to controlled substances
- Pharmacists must abide by specific requirements when providing Opioid Agonist Treatment

# Policy

## A. Education and Training

Although pharmacists must be confident that they have sufficient clinical knowledge, relevant training and skills with regard to *any* medications, special considerations need to be made for opioid therapy. Pharmacists should have knowledge of the best evidence and relevant clinical practice guidelines specific to opioid therapy. Pharmacists should ensure they review opioid related educational material including tools on the College website to ensure they provide optimal care to all patients on opioid therapy.

## B. Assessment

Pharmacists must assess, within their scope, whether the prescribed opioid therapy is appropriate given the clinical status of the patient. Whilst conducting this assessment, pharmacists can refer to relevant College policies and guidelines, quality standards, and clinical practice guidelines and evidence. Relevant resources and tools can be found on the Practice Tools section of the College's website. The following considerations must be included in the assessment:

- Complete patient history (including allergies, medical conditions, concomitant prescription and non-prescription medications (including herbals), past medication history, lifestyle factors) and clinical status of patient
- Possible alternative or adjunctive appropriate non-opioid and non-pharmacological treatment options (i.e. lifestyle change, dietary change, physical therapy)
- Appropriateness of medication as prescribed (i.e. reviewing dose, indication, formulation, quantity, duration of therapy, previous opioid use)
- Monitoring plan parameters such as withdrawal symptoms, and pain scale
- Identifying, in collaboration with prescribers, patients that are interested in and would benefit from opioid tapering
- Patient's risk for opioid use disorder
- Narcotic Monitoring System (NMS) notifications prior to dispensing

## C. Communication

### Communication with Patients & Caregivers

Pharmacists should ensure that patients/caregivers are active participants in their care. Patients should be encouraged to use a tool such as ISMP's 5 questions as a framework to ensure they are appropriately educated on their opioid therapy. Communication should be a two-way dialogue, ensuring patient/caregiver concerns are addressed in a timely manner. Patients/caregivers of patients prescribed opioids should be educated on the following:

- Realistic expectations regarding outcomes/benefits from opioid therapy (i.e. improved function vs. complete eradication of pain)
- Potential adverse effects and risks associated with opioids
- Signs of substance use disorder
- Monitoring parameters to ensure continuous appropriateness of opioid therapy
- Safe storage and appropriate return and disposal of unused opioid medications

### Communication with Prescribers

The pharmacist and the prescriber play an important and complementary role in the care of a patient on opioid therapy. Pharmacists should establish regular two-way communication with prescribers to ensure continuity of care, reduce risk of opioid misuse and diversion, and optimize patient outcomes.

Pharmacists should, when appropriate, actively communicate pertinent information to prescribers such as:

- Potential drug therapy problems with evidence-based recommendations and solutions
- Patients with possible substance use disorder and diversion
- Patients who would be interested in and benefit from opioid tapering or alternative therapy
- Relevant NMS alerts

## D. Documentation

As is required with all medications, pharmacists should record relevant and pertinent details with regards to opioid therapy in an accessible and standardized manner in accordance with the College Documentation Guidelines. When faced with a decision that requires professional or clinical judgement, documentation should include: the decision, the rationale for the decision, expected patient outcome and plan for monitoring and follow up. Pharmacists should also ensure documentation of rationale and response to NMS alerts. Communication with patients and other healthcare professionals surrounding the decision should also be documented.

## E. Managing Therapy: Maintenance Monitoring and Follow-up

In order to ensure continuity of care, pharmacists should continue to monitor and follow up with patients that are prescribed ongoing opioid therapy. Maintenance monitoring should include reassessment of appropriateness and effectiveness of opioid therapy (i.e. through pain assessment), and reassessment of safety of therapy including identifying and addressing any adverse events the patient may be experiencing. Pharmacists should work with patients to develop a follow-up plan to address any concerns

and enable early identification of opioid misuse. Updates should be documented and provided to prescribers with recommended next steps, as appropriate.

### Tapering Opioids for Pain

Pharmacists should ensure that they have the necessary knowledge and skills, and collaborate with prescribers to ensure tapering is carried out appropriately in a patient-centered manner. Patients/caregivers and families should be counselled on information pertaining to tapering such as opioid withdrawal symptoms.

## F. Security and Disposal

The regulations regarding controlled substances require that pharmacists take all steps necessary to protect these drugs in their possession. This includes ensuring that the medications are accounted for, inventory is accurate, security measures are in place to minimize diversion, outdated stock is identified and removed, and medications are disposed of properly.

Pharmacists are responsible for the safety and security of all drugs, including post-consumer returns and unserviceable controlled substances, until they are destroyed. Destruction should occur on a regular basis as any accumulation may increase diversion risk. Further information can be found on the Fact Sheet: Destruction of Narcotics, Controlled Drugs, and Targeted Substances.

Narcotic reconciliation should be conducted on a regular basis to ensure accountability and traceability of medications. Pharmacists also need to account for damaged, unserviceable or outdated controlled substances. More information can be found on the Fact Sheet: Narcotic Reconciliation and Security Fact Sheet. Any theft, forgery or loss of controlled substances must be reported to the Office of Controlled Substances within 10 days after discovery.

### Fentanyl

With the implementation of the Safeguarding our Communities Act, 2015, pharmacy professionals must adhere to specific guidelines when dispensing fentanyl patches as outlined in the Fact Sheet: Patch-for-Patch Fentanyl Return Program.

## G. Harm Reduction

### Naloxone

Naloxone is a potentially lifesaving medication indicated for use in opioid overdose. Since Naloxone is classified as a Schedule II drug, pharmacists should ensure they act in accordance with NAPRA Supplemental Standards of Practice for Schedule II and III drugs when dispensing Naloxone. Pharmacy professionals can refer to the Guidance for Pharmacy Professionals when Dispensing or Selling Naloxone for specific guidelines and education requirements.

## Opioid Agonist Treatment (OAT)

Methadone and buprenorphine-naloxone play an important role in treatment of opioid use disorder because they are opioid agonists which cause little to no euphoria. A pharmacist should have the necessary knowledge and training to provide OAT. This includes sufficient knowledge of:

- Standards of practice, policies and legislation for pharmacists providing OAT
- Differences between types of OAT and how to assess which is most appropriate for the patient
- Opioid withdrawal signs and symptoms and management
- Opioid use disorder signs and management
- Strategies for harm reduction

### OAT Requirements

Pharmacists must practice in accordance with CAMH's Opioid Agonist Maintenance Treatment: A Pharmacist's Guide to Methadone and Buprenorphine for Opioid Use Disorder. Pharmacists dispensing methadone must be in compliance with the Fact Sheet: Key Requirements for Methadone Dispensing as outlined by the College.

**Recordkeeping** - Robust recordkeeping and documentation processes must be in place to support accuracy of information for administered doses to ensure safety at all times especially during transitions of care (i.e. patient entering or being discharged from hospital or correctional institution, guest dosing).

**Patient Agreements** - A written three-way patient-prescriber-pharmacist agreement serves as best practice to outline expectations and agreements and prevent miscommunication.

**Transfer of Custody** - If methadone doses are transferred to a prescriber for administration, policies and procedures must be in place to ensure documentation of receipt, administration and daily reconciliation of doses.

**Education and Training** - Pharmacists dispensing methadone must be familiar with the principles and guidelines outlined in CAMH's Opioid Agonist Maintenance Treatment: A Pharmacist's Guide to Methadone and Buprenorphine for Opioid Use Disorder, the College's Fact Sheet: Key Requirements for Methadone Dispensing and the CPSO Methadone Maintenance Treatment Program Standards and Clinical Guidelines. The Designated Manager (DM) must be trained in methadone via the CAMH Opioid Dependence Treatment Core Course or comparable course within six months of beginning a methadone practice. In addition to the DM, within one year, at least one staff pharmacist must complete these training requirements. Training must be updated at a minimum of every 5 years. Ideally all pharmacists providing methadone services should complete educational training in methadone management. It is the DM's responsibility to inform all pharmacists working in a pharmacy, including relief pharmacists, if that pharmacy provides methadone services.

## Appendix A: Additional Resources

- Centre for Addiction and Mental Health (CAMH) Opioid Agonist Maintenance Treatment: A Pharmacist's Guide to Methadone and Buprenorphine for Opioid Use Disorder
- Practice Tools on the College's website
    - Opioids
    - Narcotics
    - Methadone and Buprenorphine
    - Documentation
- College of Physicians and Surgeons of Ontario (CPSO) Methadone Maintenance Treatment Program Standards and Clinical Guidelines